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Examination of the behaviors of physically active adults in obtaining and confirming health information in digital environments in the case of illness

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ABSTRACT

Aims: This study aimed to examine the behaviors of adults who engage in physical activity to obtain and confirm health information in the digital environment when faced with illness. It aimed to understand how widespread access to digital health information and the ability to access accurate information shape and influence health behaviors.

Methods: This research is a quantitative study utilizing a relational screening model. The study's research group consisted of 1052 individuals aged 45 years and over who are engaged in physical activity and have a working life. Data were collected using a personal information form that included variables such as gender, marital status, sector of employment, place of residence, educational status, perceived socio-economic status, medication use, presence of a serious health problem, social media follow-up status for health, weekly physical activity status, and the Scale of Health Information Acquisition and Confirmation Behaviors in Digital Media in Infodemia developed by Çömlekçi and Bozkanat (2021).

Results: The findings revealed significant differences in the behaviors of obtaining and confirming health information in the digital environment across the variables of gender, marital status, educational status, socioeconomic status, medication use, social media health information following, and weekly physical activity level. It was concluded that women, married individuals, highly educated persons, public sector employees, those with high socio-economic status, individuals who do not use medication, those who have not experienced serious health problems, and those who follow health-related social media have higher health information acquisition behaviors in the digital environment.

Conclusion: The study suggests notable differences in digital health information acquisition behaviors based on various demographic factors. The findings highlight the importance of improving digital literacy training for health professionals and digital health information providers and the development of public health policies to accelerate the adoption of healthier behaviors across society.

Keywords: Physical activity, adult individuals, obtaining health information, digital media

INTRODUCTION

Physical activity is of great importance for individuals to maintain a healthy life and support their physical and mental well-being.[1,2] Today, many individuals resort to digital resources to access the most up-to-date information while doing sports or planning exercise.[3,4] Especially physically active individuals need reliable health information to improve their performance, reduce the risk of injury, and maintain healthy lifestyles.[5,6]

Technological developments and widespread use of the internet have led to radical changes in the way individuals access health information.[1,5] Today, many adults primarily search in digital environments to obtain information about exercise programs or to assess their health status.[3,4] According to the World Health Organization (WHO), approximately 70% of internet users globally search for health-related information from online sources.[7] However, the ease of access to digital health information brings with it the risk of information pollution and misdirection.[8,9]

How individuals evaluate the health information they obtain from the internet and how this information affects their decisions to apply to health institutions is an important research topic in terms of public health.[10,11] Especially during the COVID-19 pandemic, individuals have turned to digital resources to evaluate their symptoms and learn

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about treatment options.[12,13] However, problems with the reliability of digital health information may cause individuals to make wrong decisions and undermine their trust in health systems.[14,15] At this point, the ability to access reliable information and trust in health professionals directly affects individuals' health decisions.[16,17] According to WHO reports, inaccurate health information creates an additional burden on health systems by leading to unnecessary concerns, incorrect treatment methods, and delayed hospital admission behaviors.[18] Therefore, increasing the ability to assess the accuracy of digital health resources is of great importance for public health policies.[19,20]

From the perspective of individuals engaged in physical activity, access to accurate health information and reliable evaluation of this information play a vital role in exercise planning and prevention of sports injuries. In this context, training programs and awareness-raising activities to improve digital health literacy support individuals' healthy life processes and minimize the risks that may be posed by false information sources.[21]

This study aims to examine the behaviors of adults who engage in physical activity in obtaining and confirming health information in the digital environment. Within the scope of the study, individuals' digital health literacy levels, their ability to distinguish reliable information sources, and the effect of the information they obtain from the internet on their health service seeking will be evaluated. It is expected that the findings obtained will provide recommendations to better understand the health behaviors of individuals and to make access to health services more conscious.

METHODS

Ethics

This study was carried out with the permission of Kırıkkale University Social and Human Sciences Researches Ethics Committe (Date: 17.03.2025, Decision No: 3/25). All procedures were carried out in accordance with the ethical rules and the principles of the Declaration of Helsinki.

Research Model

This research is a quantitative study conducted to examine the health information acquisition and confirmation behaviors of adult individuals engaged in physical activity in a digital environment. It was planned in the relational screening model, one of the general screening models. The relational survey model is among the studies aiming to determine the existence or degree of change between two or more variables.[22]

Research Group

The study group of this research consists of adult individuals aged 45 and over who are engaged in physical activity and are in working workforce. The number of participants is n=1052. Participants were determined voluntarily basis and consisted of individuals with various demographic characteristics that may affect their behaviors of obtaining and confirming health information in the digital environment.

Data Collection

In this study, a personal information form including variables such as gender, marital status, sector of employment, place of residence, educational status, perceived socio-economic status, medication use, whether there is a serious health problem, social media follow-up status for health, weekly physical activity status, and the 'Scale of Health Information Acquisition and Confirmation Behaviors in Digital Media in Infodemia' developed by Çömlekçi and Bozkanat[23] was used. In the study, it was aimed to measure the tendency of adult individuals who are engaged in physical activity and working life to obtain and verify health information through digital platforms. The scale consists of 10 items and 3 sub-dimensions. The sub-dimensions are 'obtaining health information,' 'obtaining digital health information,' and 'digital confirmation.' It is graded on a 5-point Likert scale. Participants responded to each item with options ranging from 'Strongly Disagree' (1) to 'Strongly Agree' (5). The internal consistency value of the scale is 0.758.

Statistical Analysis

Cronbach's alpha analysis was performed to determine the reliability of the study. The data were found to be normally distributed, which indicates that they fulfill the prerequisites for parametric tests. Therefore, an independent samples t-test was used for pairwise group comparisons, and an ANOVA test was used for comparisons of three or more groups. In case of a significant difference, Tukey's post hoc test was applied to determine which groups the difference was between. Data were analyzed using SPSS 25.0 (IBM Corp., Armonk, NY, USA).

RESULTS

The data obtained shows the demographic characteristics and physical activity levels of 1052 participants. Among the participants, 51.5% were female, 62.0% were single, 51.9% worked in the private sector, 50.5% lived in urban areas, 46.6% had a bachelor's degree, 66.3% had a medium perceived socio-economic status, 72.4% did not use medication, 56.5% had no previous serious health problems, 58.0% followed social media for health, and 50.4% did physical activity 1-2 days a week (**Table 1**).

Shows that there is a significant difference in 'health information,' 'digital health information,' and 'health information in total digital environment' of the scale according to the variables of gender, marital status, and place of residence according to the scale of health information acquisition and confirmation levels in the digital environment of adult individuals engaged in physical activity. In terms of the sector they work in, it was seen that there was a statistically significant difference in all sub-dimensions in favor of adults working in the public sector (**Table 2**).

Shows that there is a statistically significant difference in the sub-dimensions of 'health information,' 'digital health information,' 'digital confirmation,' and 'health information in total digital environment' of the scale according to the

Table 1. Demographic characteristics and physical activity profile of the participants

Variables		n=1052	%
Gender	Male	510	48.5
	Woman	542	51.5
Marital status	Married	400	38.0
	Single	652	62.0
Sector he/she works in	Public	506	48.1
	Special	546	51.9
Where he lives	Urban	531	50.5
	Rural	521	49.5
Education status	Secondary education	108	10.3
	High school	300	28.5
	Associate's degree	154	14.6
	Bachelor's degree and above	490	46.6
Perceived socio-economic status	Low	213	20.2
	Middle	698	66.4
	High	141	13.4
Using medication	Yes	290	27.6
	No	762	72.4
Previous serious health problem	Yes	458	43.5
	No	594	56.5
Social media monitoring for health	Yes	610	58.0
	No	442	42.0
Weekly physical activity level	1-2	530	50.4
	3-4	312	29.7
	5+ days	210	19.9

level of obtaining and confirming health information in the digital environment and the educational status variable of adult individuals engaged in physical activity ($p<0.001$). This significant difference shows that adult individuals with higher education levels have the highest scores, in favor of adult individuals with higher education levels (Table 3).

Shows that there is a statistically significant difference in the sub-dimensions of 'health information,' 'digital health information,' 'digital confirmation,' and 'health information in total digital environment' of the scale according to the levels of obtaining and confirming health information in a digital environment and the perceived socio-economic status variable of adult individuals engaged in physical activity ($p<0.001$). It shows that this significant difference is in favor of adult individuals with higher perceived socio-economic levels (Table 4).

Shows significant differences in the digital health information acquisition and confirmation scale (DHIACS) based on medication use, serious health problems, and social media monitoring for health (Table 5).

Shows that there is a statistically significant difference in the sub-dimensions of 'health information,' 'digital health information,' 'digital confirmation,' and 'health information in total digital environment' of adult individuals who perform physical activity according to the level of weekly physical activity ($p<0.001$). This difference shows that the scores are highly in favor of those who do 5 or more weekly physical activities (Table 6).

Table 2. Comparison of adult individuals engaged in physical activity according to gender, marital status, sector of employment and place of residence with digital health information acquisition and confirmation scale (DHIACS)

Variables			t	p	Cohen's d	Descriptor
Gender	**Female (n=510)**	**Male (n=542)**				
Health information	8.13±2.6	7.54±2.8	2.661	0.005 *	0.22	Small
Digital health information	7.54± 3.2	6.13± 3.0	3.050	0.001*	0.45	Middle
Digital confirmation	11.39± 3.9	11.26± 4.0	0.539	0.590	0.03	Small
DHIACS	27.42±7.5	25.23± 7.1	2.371	0.005*	0.30	Small
Marital status	**Married (n=400)**	**Single (n=642)**				
Health information	8.42±2.9	7.69±2.5	0.820	0.005*	0.27	Small
Digital health information	7.72± 2.6	6.77± 2.5	-5.942	0.001*	0.37	Middle
Digital confirmation	11.52± 4.2	11.20± 3.8	1.217	0.224	0.08	Small
DHIACS	27.67± 8.1	25.14± 6.9	-1.096	0.001*	0.34	Middle
Sector he/she works in	**Public (n=506)**	**Private (n=546)**				
Health information	8.02±2.6	7.50±2.8	3.148	0.005*	0.19	Small
Digital health information	7.66± 2.7	6.39± 2.4	1.942	0.001*	0.50	Middle
Digital confirmation	11.93± 3.9	10.77± 4.1	4.737	0.001*	0.29	Small
DHIACS	27.12±7.1	25.51± 7.4	4.465	0.001*	0.22	Small
Where he lives	**Urban (n=531)**	**Rural (n=521)**				
Health Information	7.91±2.7	7.14±2.6	-0.599	0.005*	0.29	Small
Digital health information	7.69± 2.1	6.33± 2.4	-0.421	0.001*	0.60	Big
Digital confirmation	11.88± 3.6	11.10± 4.1	0.315	0.753	0.20	Small
DHIACS	27.73±7.4	25.34± 7.2	-0.198	0.001*	0.33	Middle

*p< 0.001, *p< 0.005

Table 3. Comparison of adults engaged in physical activity according to educational status based on DHIACS

Variables	Secondary education[1] (n=108)	High school[2] (n=300)	Associate degree[3] (n=154)	Licence and above [4] (n=490)	F	p	Tukey
Health information	6.18±2.5	7.56±2.8	7.97±2.9	8.50±2.5	18.639	0.001*	1<2<3<4
Digital health information	4.6±2.1	6.10±2.5	6.90±2.6	7.14±2.6	25.408	0.001*	1<2<3=4
Digital confirmation	9.4±3.9	11.1±4.5	11.6±4.1	12.12±3.6	11.908	0.001*	1<2=3<4
DHIACS	20.3±7.0	24.7±7.8	26.3±6.5	27.72±7.3	28.180	0.001*	1<2<3<4

DHIACS: Digital health information acquisition and confirmation scale, *p<0.001

Table 4. Comparison of adults engaged in physical activity according to perceived socio-economic status based on DHIACS

Variables						
Economic situation	**Low[1]**	**Medium[2]**	**High[3]**	**F**	**p**	**Tukey**
Health information	6.61±2.6	7.87±2.5	8.87±3.1	33.408	0.001*	1<2<3
Digital health information	5.59±2.5	6.50±2.6	7.26±3.1	22.271	0.001*	1<2<3
Digital confirmation	9.93±3.9	11.36±3.8	13.2±4.5	29.968	0.001*	1<2<3
DHIACS	22.05±7.3	25.73±6.6	29.4±8.6	47.072	0.001*	1<2<3

DHIACS: Digital health information acquisition and confirmation scale, *p<0.001

Table 5. Comparison of adults engaged in physical activity according to medication use, serious health problems, and social media monitoring for health based on DHIACS

Variables						
Using medication	Yes (n=290)	No (n=762)	t	p	Cohen's d	Descriptor
Health information	7.12±2.5	8.17±2.7	-3.124	0.001*	0.40	Middle
Digital health information	6.34±2.6	7.60±2.6	-1.553	0.001*	0.48	Middle
Digital confirmation	11.14±3.9	11.81±4.0	-2,420	0.184	0.17	Small
DHIACS	25.24±7.6	27.10±6.6	-3.039	0.001*	0.26	Small
Serious health problem	Yes (n=458)	No (n=594)				
Health information	7.36±2.7	8.06±2.6	-4.166	0.001*	0.26	Small
Digital health information	5.98±2.6	6.81±2.7	-4,506	0.001*	0.31	Middle
Digital confirmation	10.72±4.1	11.79±3.9	-4.297	0.001*	0.27	Small
DHIACS	24.10±7.6	26.56±6.9	-5.491	0.001*	0.34	Middle
Social media monitoring for health	Yes (n=610)	No (n=442)				
Health information	9.12±2.1	8.11±2.2	-2.421	0.001*	0.47	Middle
Digital health information	8.70±2.3	7.10±2.1	-1,531	0.001*	0.73	A lot big
Digital confirmation	10.61±3.4	9.13±3.3	-1.235	0.001*	0.44	Middle
DHIACS	27.73±7.2	25.17±7.2	-1.657	0.001*	0.36	Middle

DHIACS: Digital health information acquisition and confirmation scale, *p<0.001

Table 6. Comparison of adults engaged in physical activity according to weekly physical activity status based on DHIACS

Variables						
Weekly physical activity	**1-2 days[1] (n=530)**	**3-4 days[2] (n=312)**	**5 to the power [of 3] (n=210)**	**F**	**p**	**Tukey**
Health information	6.62 ± 2.1	7.40 ± 2.2	10.88 ± 2.3	1,865	0.001*	1<2<3
Digital health information	7.23 ± 2.4	8.2 ± 2.3	8.5 ± 2.2	1,940	0.001*	1<2=3
Digital confirmation	9.10 ± 3.1	10.9 ± 3.6	11.0 ± 3.1	2,420	0.001*	1<2=3
DHIACS	24.1 ± 2.7	27.1 ± 2.2	29.6 ± 2.6	2,326	0.001*	1<2<3

DHIACS: Digital health information acquisition and confirmation scale, *p<0.001

DISCUSSION

The aim of this study is to examine the behaviors of adults who engage in physical activity in obtaining and confirming health information in a digital environment. According to the findings obtained from the levels of obtaining and confirming health information in the digital environment of adult individuals engaged in physical activity according to gender, marital status, and place of residence variables,

it was determined that there was a significant difference in the sub-dimensions of "obtaining health information," "obtaining digital health information," and total obtaining health information in the digital environment" of the scale, and this difference was determined by the fact that the scores were high and the effect sizes were small in favor of women, married people, and those living in urban areas. In terms of the sector of employment, it was observed that adults engaged in physical activity working in the public sector had higher scores in all sub-dimensions than adults engaged in physical activity working in the private sector. As a result, women scored higher in obtaining digital health information than men. In addition, married individuals scored higher on acquiring health information than single individuals. These results indicate that gender and marital status may affect individuals' health information acquisition habits. It can be thought that women are more likely to acquire health information than men and that married individuals make more effort in terms of health literacy both for themselves and for other members of the family. It is observed in the study that individuals living in urban areas are luckier than those living in rural areas in terms of accessing information and that they use this opportunity well. It was concluded that living in cities, working in the public sector, being married, and being a woman are associated with high health literacy. When the literature is examined, it is seen that women's behaviors of obtaining and confirming digital health information are higher than men's.[24-26] Akgün and Toker[25] stated in their study that the digital health information acquisition and confirmation behaviors of married people were higher than those of single people. This study is similar to other studies. Balcı et al.[27] stated that men had higher levels of obtaining health information in digital environments compared to women.

It was observed that there was a significant difference in the levels of obtaining and confirming health information in a digital environment and in the sub-dimensions of "obtaining health information," "obtaining digital health information," "digital confirmation," and total obtaining health information in a digital environment" of the scale. This significant difference was found to be high in individuals with bachelor's degrees and above and low in secondary education. As a result, as the level of education increases, the awareness of obtaining health information also increases, which means that higher education levels can increase digital literacy, and individuals can evaluate health information more accurately. Temel and Güzel[26] stated in their study that the scores of individuals with associate, undergraduate, and graduate education levels on the scale of obtaining and confirming health information in a digital environment were higher than those of individuals with primary, secondary, and high school education levels.

According to the perceived socio-economic status variable, it was observed that there was a difference in the levels of obtaining and confirming health information in the digital environment and the sub-dimensions of "obtaining health information," "obtaining digital health information," "digital confirmation," and total health information in the digital environment" of the perceived scale, and this difference was seen in that the scores of adult individuals with high perceived socio-economic status in all sub-dimensions of the scale were higher than those with low perceived socio-economic status. As a result, it has been observed that adults with high economic status have better health awareness than adults with low economic status and that they use and confirm digital means to access the necessaryhealth information. This shows that inequalities in access to health information can negatively affect individuals' health decision-making processes. Individuals with higher socioeconomic status are better equipped to access and verify more information. In Temel and Güzel's[26] and Jung's[28] studies, it was stated that the behaviors of individuals with high perceived socioeconomic status to obtain and verify digital health information were higher than those of individuals with low socioeconomic status. It is similar to the research.

According to the variables of medication use status, history of serious health problems, and following social media for health, there is a significant difference in all sub-dimensions of the scale with the level of obtaining and confirming health information in the digital environment of adult individuals who engage in physical activity, and the scores in all sub-dimensions of the scale are high in favor of those who do not use medication. According to the variable of having a serious health problem, it was seen that the scores were high in all sub-dimensions of the scale in favor of those who said that they did not have a serious health problem, and according to the variable of following social media for health, it was seen that the scores of obtaining health information in a digital environment were high in all sub-dimensions of the scale in favor of those who said, Yes, I follow social media for health. The effect of social media follow-up on digital health information acquisition was found to be large and excellent. It is thought that the high scores of individuals who are in the working environment, who do physical activity, and those who say that they do not use medication; those who say that they do not have serious health problems; and those who say that they follow social media for health have such good scores because they have gained health literacy and have developed awareness about health. Aydemir and Yaşar[29] stated in their study in 2023 that as health literacy increases, the behavior of obtaining health information in digital environments also tends to increase. Akgün and Toker[25] stated in 2023 that those who said yes to having a serious health problem before had high scores for "obtaining health information" and "obtaining digital health information," while those who said no had high scores for "digital confirmation." Akgün and Toker[25] stated that those who said yes to following a social media page about health in 2023 had high scores in all sub-dimensions of obtaining health information in a digital environment.

It was concluded that there was a significant difference in the levels of obtaining and confirming health information in the digital environment and in the sub-dimensions of "obtaining health information," "obtaining digital health information," "digital confirmation," and total obtaining health information in the digital environment" of the scale according to the weekly physical activity level variable. This difference was found to be high in favor of those who did physical activity

for 5 or more weeks. As a result, it was determined that as the level of physical activity increases, the habits of obtaining and confirming digital health information also increase. It is thought that individuals who engage in physical activity in some way in social life have adopted a healthy life on their own behalf, create awareness in order to stay healthy, and reach the information that physical activity has important effects on staying healthy.

CONCLUSION

As a result, this study highlights the significant role of various demographic and socio-economic factors in shaping individuals' behaviors regarding obtaining and confirming health information in a digital environment. Factors such as gender, marital status, employment sector, education level, perceived socio-economic status, health status, social media engagement, and physical activity level all play crucial roles in influencing digital health literacy. Women, married individuals, those with higher education, and those with higher socio-economic status were found to have better health information acquisition and confirmation behaviors. These findings underline the importance of promoting equitable access to digital health information, particularly for underrepresented groups, and suggest that targeted public health policies and educational programs should be developed to improve digital health literacy for all individuals, ensuring they can make informed decisions regarding their health. Such initiatives could potentially reduce disparities in health outcomes and minimize unnecessary healthcare usage.

RECOMMENDATIONS

In order to make the processes of confirming digital health information healthier and more reliable, training programs should be organized to increase the digital health literacy of individuals. The reliability of health information sources should be improved, and awareness about verification methods on social media platforms should be raised. In addition, health institutions should collaborate with digital platforms to disseminate accurate information, and awareness-raising activities should be initiated in society. Access to health services should be facilitated for individuals with low socio-economic status. Technological infrastructure should be strengthened to make access to digital health information more understandable and accessible, and the quality and safety of digital health services should be enhanced through legal regulations.

ETHICAL DECLARATIONS

Ethics Committee Approval

This study was carried out with the permission of Kırıkkale University Social and Human Sciences Researches Ethics Committe (Date: 17.03.2025, Decision No: 3/25).

Informed Consent

All patients signed and free and informed consent form.

Referee Evaluation Process

Externally peer-reviewed.

Conflict of Interest Statement

The authors have no conflicts of interest to declare.

Financial Disclosure

The authors declared that this study has received no financial support.

Author Contributions

All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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